



# TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER  
30 PROVIDENCE ROAD  
GRAFTON, MA 01519

(508) 839-5335 x 1119 \* Fax: (508) 839-8559

[healthdept@graffton-ma.gov](mailto:healthdept@graffton-ma.gov)

## BOARD OF HEALTH

### REQUEST FOR WAIVER (SEPTIC SYSTEM INSPECTION) TITLE 5

TO: The Grafton Board of Health

FROM:

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ADDRESS:

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I hereby request that the Grafton Board of Health waive the requirement for a Title 5 Inspection Report for the property located at: \_\_\_\_\_

Owned by: \_\_\_\_\_, on the condition set forth in (310 CMR 15.301 (4)(b) and the Town of Grafton Sewer Department's commitment for the construction of municipal sewer lines.

By signing this request, I understand the following:

1. According to 310 CMR 15.301 (4)(b), the owner of the facility or the person acquiring title must sign an enforceable agreement with the Grafton Board of Health indicating that the septic system will be upgraded or tied into municipal sewer within the next two years following transfer of title (see attached form entitled, (Septic System Agreement).
2. The agreement must be disclosed to and binding upon subsequent owners.
3. The Board of Health reserves the right to take necessary actions on any septic systems failing to protect the health and well being of the public.

The Board of Health meets the second and fourth Monday of every month, excluding Holidays. Please contact the Board of Health Office at 508-839-5335 x 1119 to be placed on the Agenda.

SIGNED:

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(Owner)

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(Date)

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(Owner)

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(Date)

## SEPTIC SYSTEM AGREEMENT

Agreement is hereby made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by and between \_\_\_\_\_ (hereinafter  
(Owner), \_\_\_\_\_ (hereinafter  
(Grantee), and the Town of Grafton Board of Health regarding the septic system located at \_\_\_\_\_  
\_\_\_\_\_ and more fully described in a deed recorded at the Worcester  
County Registry of Deeds in Book \_\_\_\_\_, Page \_\_\_\_\_.

Owner of the above referenced property, and/or its Grantees(s), in accordance with Title 5 Section 15.301  
(4)(b), agrees to maintain and to be responsible for the septic system located at the above referenced  
property until such time as public sewer hookup is completed. Owner and/or Grantee also agree to  
connect to such sewer system within two years from the date of transfer of title. It is understood  
between the Owner and Grantee that the sewer system to said property is expected to be under  
construction with the next \_\_\_\_\_ months (Date:\_\_\_\_\_).

This agreement shall run with the land and shall be disclosed to and binding upon any and all  
subsequent owners of the property. Furthermore, said agreement shall be enforceable by the  
DEP and/or the Town of Grafton Board of Health against such Owner(s)/Grantees(s).

Witness our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

TOWN OF GRAFTON  
BOARD OF HEALTH

\_\_\_\_\_  
Owner Signature  
Print:

\_\_\_\_\_  
KAREN GWOZDOWSKI GAUVIN

\_\_\_\_\_  
Owner Signature  
Print:

\_\_\_\_\_  
DEBORAH A. CHOUINARD

\_\_\_\_\_  
Grantee Signature  
Print:

\_\_\_\_\_  
RICHARD J. KIREJCZYK

\_\_\_\_\_  
Grantee Signature  
Print:

\_\_\_\_\_  
PHILIP E. DUMAS

\_\_\_\_\_  
JAY GARDINER

**COMMONWEALTH OF MASSACHUSETTS**

Worcester, ss. \_\_\_\_\_, 20 \_\_\_\_\_

Then personally appeared before me the above-named (Owner) \_\_\_\_\_  
\_\_\_\_\_ and  
acknowledged the foregoing to be their free act and deed, before me

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS**

Worcester, ss. \_\_\_\_\_, 20 \_\_\_\_\_

Then personally appeared before me the above-named (Grantee) \_\_\_\_\_  
\_\_\_\_\_ and  
acknowledged the foregoing to be their free act and deed, before me

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS**

Worcester, ss. \_\_\_\_\_, 20 \_\_\_\_\_

Then personally appeared before me the above-named members of the Tow of Grafton Board of Health  
and acknowledged the foregoing to be their free act and deed, before me

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_